

AUTHORITY: Sec. 412(e)(1)(A)iii Immigration and Nationality Act [P. L. 105-177]
COMPLETION: Voluntary. (Failure to file will result in loss of eligibility for funding.)

Direct questions regarding this form to the Office of Field Services at (517) 373-6066.

Facsimile: (517) 335-2886

2002-2003 REFUGEE CHILDREN SCHOOL IMPACT GRANT: Count of Eligible Refugee Children and Youth

--PART I: COUNT --

EDUCATIONAL AGENCY	Legal Name of School District	District Code	Telephone - Area Code/Local No.
	Address of School District	City and Zip Code	Facsimile (A.C./No.)
	Contact Person	Telephone	Facsimile (A.C./No.)

MAILING INSTRUCTIONS: One copy of this form must be RECEIVED at the STATE address shown above by **OCTOBER 11, 2002**, or must be POSTMARKED no later than **OCTOBER 8, 2002**.

DEFINITION OF REFUGEE CHILDREN AND YOUTH:

Refugee children and youth are individuals who –

- A. are aged 3 through 18;
- B. whose parents are outside any country of such family's nationality or, in the case of a person's having no nationality, is outside any country in which such person last habitually resided, and who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of, that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion;
- C. have resided in the United States 3 years or less; and,
- D. are enrolled in public and non-public elementary and secondary schools.

LIST OF ELIGIBLE STUDENTS AND COUNTRY OF ORIGIN.

Please provide a list of the number of students counted on the **Fall Count Day of September 25, 2002**, and their country of origin in the following format (use additional pages if necessary):

NUMBER OF STUDENTS	COUNTRY OF ORIGIN

If your count of eligible students is less than 30, are you interested in applying in consortium with another district(s)? ____ Yes ____ No

If yes, please indicate the district(s) with which you would be likely to form a consortium.

CERTIFICATION:

I certify that the information submitted in this form contains the most accurate data available to the district.

DATE _____ SUPERINTENDENT OR
AUTHORIZED OFFICIAL _____ TELEPHONE _____

(SIGNATURE) (A.C./LOCAL NUMBER)

